

ASAP OUTPATIENT TREATMENT PLAN AND REVIEW

For use of this form, see AR 40-66; the proponent agency is OTSG

1. Diagnostic Impression.

2. Discharge Goal(s).

| 3. Date Identified (YYYYMMDD) | 4. Problem | 5. Patient Outcomes (Goals) | 6. Action Plan | 7. Staff Responsibility | 8. Date Resolved (YYYYMMDD) | 9. Initials |
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| PATIENT IDENTIFICATION <i>(For typed or written entries give: Name - last, first, middle: grade; date; hospital or medical facility):</i> | 10. Signature of Counselor |
| | 11. Signature of Patient |

| 12. Review Date | 13. Problem Number | 14. Results of Review | 15. Reviewer's Initials | 16. Supervisor's Initials |
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Preparation Instructions for side two:

Using the problem number, identify each unresolved problem on the Treatment Plan, and review it, by tracing it through all the Progress Notes and Data Base questions completed since the preceding Treatment Plan Review to determine the following:

1. Whether original statement of the problem is valid or should be restated.
2. Whether the goals should remain the same or be redefined.
3. Whether the Treatment Plan strategies should remain the same or be reformulated utilizing different techniques.